

Ms. Elizabeth Robertson, Administrator
Mariner Health Care of Sumter - East
880 Carolina Avenue
Sumter, South Carolina 29151

Re: AC# 3-MAE-J4 – Mariner Health Care of Sumter - East

Dear Ms. Robertson:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 1993 through September 30, 1994. That report was used to set the rate covering the contract periods beginning October 1, 1995.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Thomas L. Wagner, Jr., CPA
State Auditor

TLWjr/sj

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Mr. Mac Carroll

MARINER HEALTH CARE OF SUMTER - EAST

SUMTER, SOUTH CAROLINA

**CONTRACT PERIODS
BEGINNING OCTOBER 1, 1995
AC# 3-MAE-J4**

REPORT ON CONTRACT

FOR

PURCHASE OF NURSING CARE SERVICES

WITH

STATE OF SOUTH CAROLINA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

October 23, 1997

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Mariner Health Care of Sumter – East for the contract periods beginning October 1, 1995 and for the twelve month cost report period ended September 30, 1994, as set forth in the accompanying schedules. This engagement to apply agreed-upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

1. We tested selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Mariner Health Care of Sumter – East to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the Department of Health and Human Services and Mariner Health Care of Sumter – East dated as of October 1, 1994 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
October 23, 1997

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

Thomas L. Wagner, Jr., CPA
State Auditor

MARINER HEALTH CARE OF SUMTER - EAST

Computation of Rate Change
For the Contract Periods
Beginning October 1, 1995
AC# 3-MAE-J4

	10/01/95- <u>09/30/96</u>
Interim reimbursement rate (1)	\$75.10
Adjusted reimbursement rate	<u>73.38</u>
Decrease in reimbursement rate	\$ <u>1.72</u>

- (1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated May 15, 1997

MARINER HEALTH CARE OF SUMTER - EAST
Computation of Adjusted Reimbursement Rate
For the Contract Periods October 1, 1995 Through September 30, 1996
AC# 3-MAE-J4

	<u>Profit Incentive</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services	\$3.04	\$31.53	\$43.41	\$31.53
Dietary	<u>.64</u>	<u>7.41</u>	<u>9.21</u>	<u>7.41</u>
Subtotal	<u>\$3.68</u>	38.94	52.62	38.94
Laundry/Housekeeping/Maint.	\$.95	6.26	7.21	6.26
Administration & Med. Rec.	<u>-</u>	<u>11.39</u>	<u>8.37</u>	<u>8.37</u>
Subtotal	<u>\$.95</u>	56.59	<u>\$68.20</u>	53.57
<u>Costs Not Subject to Standards:</u>				
Utilities		2.34		2.34
Special Services		.16		.16
Medical Supplies & Oxy.		4.38		4.38
Taxes and Insurance		1.34		1.34
Legal Fees		<u>.03</u>		<u>.03</u>
TOTAL		<u>\$64.84</u>		61.82
Inflation Factor (6.30%)				3.89
Cost of Capital				6.17
Profit Incentive (Max. 3.5% of Allowable Cost)				.95
Cost Incentive - For Gen. Serv. & Dietary				3.68
Effect of \$1.50 Cap on Cost/Profit Incentives and Cost Sharing				<u>(3.13)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$73.38</u>

MARINER HEALTH CARE OF SUMTER - EAST
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1994
AC# 3-MAE-J4

<u>EXPENSES</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$1,004,993	\$ -	\$21,069(2) 1,458(2)	\$ 982,466
Dietary	234,240	-	3,435(2)	230,805
Laundry	35,803	-	1,401(2)	34,402
Housekeeping	100,592	-	1,673(2)	98,919
Maintenance	62,779	-	1,058(2)	61,721
Administration & Medical Records	356,069	416(2)	1,753(2)	354,732
Utilities	72,776	-	-	72,776
Special Services	4,452	378(2)	-	4,830
Medical Supplies & Oxygen	139,092	-	2,699(2)	136,393
Taxes & Insurance	41,809	-	-	41,809
Legal Fees	850	-	-	850
Cost of Capital	<u>211,428</u>	<u>6,668(3)</u>	<u>25,977(1)</u>	<u>192,119</u>
Subtotal	2,264,883	7,462	60,523	2,211,822

MARINER HEALTH CARE OF SUMTER - EAST
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1994
AC# 3-MAE-J4

<u>EXPENSES</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments <u>Debit</u>	<u>Credit</u>	<u>Adjusted Totals</u>
Ancillary	52,045	-	-	52,045
Non-Allowable	72,002	25,977(1) <u>33,752(2)</u>	6,668(3) <u></u>	125,063 <u></u>
Total Operating Expenses	<u>\$2,388,930</u>	<u>\$67,191</u>	<u>\$67,191</u>	<u>\$2,388,930</u>
Total Patient Days *	<u>31,156</u>	<u>-</u>	<u>-</u>	<u>31,156</u>

* Adjusted to 97% Occupancy

TOTAL BEDS 88

MARINER HEALTH CARE OF SUMTER - EAST

Adjustment Report

Cost Report Period Ended September 30, 1994

AC# 3-MAE-J4

TOTAL ADJUSTMENTS

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

MARINER HEALTH CARE OF SUMTER - EAST
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1994
AC# 3-MAE-J4

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>1.9778</u>
Deemed Asset Value (Per Bed)	30,889
Number of Beds	<u>88</u>
Deemed Asset Value	2,718,232
Improvements Since 1981	293,702
Accumulated Depreciation at 9/30/94	<u>(1,103,587)</u>
Deemed Depreciated Value	1,908,347
Market Rate of Return	<u>.072</u>
Total Annual Return	137,401
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Rent and Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	137,401
Depreciation Expense	54,718
Amortization Expense	-
Capital Related Income Offsets	-
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	192,119
Total Patient Days (Minimum 97% Occupancy)	<u>31,156</u>
Cost of Capital Per Diem	\$ <u><u>6.17</u></u>

MARINER HEALTH CARE OF SUMTER - EAST
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1994
AC# 3-MAE-J4

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$4.13
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	<u>\$8.12</u>
Reimbursable Cost of Capital Per Diem	\$6.17
Cost of Capital Per Diem	<u>6.17</u>
Cost of Capital Per Diem Limitation	<u>\$ -</u>